# STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 ANNUAL BUSINESS ENTITY PRODUCER LICENSE RENEWAL FORM FEBRUARY 05, 2004

TEST BUSINESS ENTITY 155 NEW ADDRESS SOMEWHERE AL 55555 **AMOUNT DUE: \$50.00** 

Return this form with the AMOUNT DUE as indicated for the 2004 annual renewal of your Business Entity Producer License.

PAYMENT IS DUE BY MARCH 31, 2004. Any renewal form and AMOUNT DUE not received by March 31, 2004, will be subject to a \$50.00 late fee.

The license of any Business Entity Producer not renewed by December 31, 2003 shall be deemed to expire at midnight on December 31, 2003.

I hereby request renewal of the license of the above named Business Entity.

Signature of Authorized Representative	
Date	
Name of Authorized Representative (Please Prin	nf)

FEIN: 99-999999

Name of Business Entity TEST BUSINESS ENTITY

License Type: 10

License Number: A991367

Mail payment and a copy of this form to:

## SECOND NOTICE

## STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 ANNUAL BUSINESS ENTITY PRODUCER LICENSE **RENEWAL FORM NOVEMBER 17. 2003**

**TEST BUSINESS ENTITY** 155 NEW ADDRESS **SOMEWHERE AL 55555** 

**TOTAL AMOUNT DUE: \$100.00** 

Return this form with the TOTAL AMOUNT DUE as indicated for the 2004 annual renewal of your Business Entity Producer License.

PAYMENT IS DUE BY December 31, 2004. Your original form and payment were not returned by November 15, 2003. Therefore, a late fee of \$50.00 was added to the renewal fee of \$50.00, for A TOTAL AMOUNT DUE OF \$ 100.00.

The license of any Business Entity Producer not renewed by December 31, 2004, shall be deemed to expire at midnight on December 31, 2004.

I hereby request renewal of the license of the above named Business Entity.

Sig	Signature of Authorized Representative		
Da	te		
Nar	ne of Authorized Representative (Please Print)		

FEIN: 99-999999

Name of Business Entity: TEST BUSINESS ENTITY

License Type: 10

License Number: A991367

Mail payment and a copy of this form to:

## STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 ANNUAL BUSINESS ENTITY PRODUCER LICENSE SUPPLEMENTAL RENEWAL FORM JANUARY 2, 2004

TEST BUSINESS ENTITY 155 NEW ADDRESS SOMEWHERE AL 55555 AMOUNT DUE: \$50.00

Return this form with the AMOUNT DUE as indicated for the 2004 annual renewal of your Business Entity Producer License.

PAYMENT IS DUE BY FEBRUARY 15, 2004. Any renewal form and AMOUNT DUE not received by this date will be expired effective December 31, 2003.

I hereby request renewal of the license of the above named Business Entity.

Signature of Authorized Representative

Date

Name of Authorized Representative (Please Print)

FEIN: 99-999999

Name of Business Entity TEST BUSINESS ENTITY

License Type: 10

10

License Number: A991367

Mail payment and a copy of this form to:

## STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 ANNUAL SURPLUS LINE BROKER LICENSE RENEWAL FORM FEBRUARY 05, 2004

JANE DOE SMITH 155 NEW STREET SOMEWHERE AL 51155 **AMOUNT DUE: \$200.00** 

Return this form with the AMOUNT DUE as indicated for the 2004 annual renewal of your Surplus Line Broker License.

PAYMENT IS DUE BY MARCH 31, 2004. Surplus Line Broker licenses shall be deemed to expire at midnight on December 31, 2003, if fees are not received.

If your license expires, you must submit a new Form AL-SLB-1 (Application for Individual Surplus Line Broker License) to again activate this license. This form can be accessed at www.aldoi.gov.

I hereby request renewal of the license of the above named Surplus Line Broker.

Signature of Surplus Line Broker

Date

SSN: 999-99-9999

Name of Surplus Line Broker: JANE DOE SMITH

License Type: 6

License Number: A991366

Mail payment and a copy of this invoice to:

# STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 APPOINTMENT CONTINUATION INVOICE SEPTEMBER 10, 2003

**TOTAL AMOUNT DUE: \$220.00** 

FEIN:

00-0000000

XYZ INSURANCE COMPANY ATTN: PRODUCER LICENSING 123 NEW STREET

SOMEWHERE USA 12345-6789 LICENSE TYPE: 99
NAIC NUMBER: 00000

This Invoice represents the appointment continuation fees for all Producers and Service Representatives appointed with the company referenced above whose appointments were not terminated by December 31, 2004. These appointments have been deemed continued effective January 1, 2004.

To view the Producers and Service Representatives deemed continued, go to our website www.aldoi.gov. Click on 2004 Company Appointment Processing. Please read the instructions, type in the name of your company, and click the submit button. A list of matches will appear. Click on your company number. A list of your appointments will appear and a link is provided for you to print the list.

#### PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.

Failure to pay this invoice in full prior to March 10, 2004 will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to March 10, 2004.

Mail payment and a copy of this invoice to:

## STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 ANNUAL ADJUSTER RENEWAL FORM OCTOBER 1, 2003

JANE DOE SMITH 155 NEW STREET SOMEWHERE AL 51155 AMOUNT DUE: \$40.00

Return this form with the AMOUNT DUE as indicated for the 2004 annual renewal of your Adjuster License.

PAYMENT SHOULD BE MAILED BY NOVEMBER 15, 2004. Adjuster licenses will expire on December 31, 2004, if fees are not received.

If your license expires, you must submit a new Form AL-90 (Application for Adjuster's License) to again activate this license. This form can be accessed at www.aldoi.gov.

I hereby request renewal of the license of the above named Adjuster.

Signature of Adjuster	
Name of Adjuster (Please Print)	
Date	

SSN/FEIN: 999-99-9999

Name of Adjuster: JANE DOE SMITH

License Type: 7

License Number: A991366

Mail payment and a copy of this form to:

Alabama Department of Insurance Producer Licensing Division P O Box 830922 Birmingham, AL 35283-0922

# STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 ANNUAL ADJUSTER SUPPLEMENTAL RENEWAL FORM FEBRUARY 05, 2004

JANE DOE SMITH 155 NEW STREET SOMEWHERE AL 51155 **AMOUNT DUE: \$40.00** 

Return this form with the AMOUNT DUE as indicated for the 2004 annual renewal of your Adjuster License.

PAYMENT SHOULD BE RECEIVED BY FEBRUARY 15, 2004. Adjuster licenses will expire effective December 31, 2003, if fees are not received.

If your license expires, you must submit a new Form AL-90 (Application for Adjuster's License) to again activate this license. This form can be accessed at www.aldoi.gov.

I hereby request renewal of the license of the above named Adjuster.

Signature of Adjuster

Name of Adjuster (Please Print)

Date

**SSN/FEIN:** 999-99-9999

Name of Adjuster: JANE DOE SMITH

License Type: 7

License Number: A991366

Mail payment and a copy of this form to:

Alabama Department of Insurance Producer Licensing Division P O Box 830922 Birmingham, AL 35283-0922

### STATE OF ALABAMA DEPARTMENT OF INSURANCE 2004 TITLE AGENT AUTHORITY CONTINUATION INVOICE SEPTEMBER 10, 2003

**TOTAL AMOUNT DUE: \$100.00** 

00-0000000

FEIN:

XYZ TITLE INSURANCE COMPANY ATTN: AGENT LICENSING 123 NEW STREET SOMEWHERE USA 12345-6789

EWHERE USA 12345-6789 LICENSE TYPE: 15
NAIC NUMBER: 00000

This Invoice represents the continuation fee for all Title Insurance Agents currently authorized to represent the title insurance company referenced above. The certificates of authority have been deemed continued effective January 1, 2004.

To view a listing of title agent certificates of authority deemed continued, go to our website www.aldoi.gov. Click on 2004 Company Appointment Processing. Please read the instructions, type in the name of your company, and click the submit button. A list of matches will appear. Click on your company number. A list of your agents will appear and a link is provided for you to print.

#### PAYMENT OF THIS INVOICE IN FULL IS DUE UPON RECEIPT.

Failure to pay this invoice in full prior to February 10, 2004 will result in the issuance of an order requiring the insurer to show good cause as to why the certificate of authority for the insurer should not be suspended for its failure to remit payment of the invoice for appointment continuation fees prior to February 10, 2004.

Mail payment and a copy of this invoice to: